

# INFORMATION WORKSHEET: DEATH OF AN AMERICAN CITIZEN

To enable us to better serve you, please answer ALL question on this form.

Date: \_\_\_\_\_

**Full name of the deceased** \_\_\_\_\_

**Date & place of birth** \_\_\_\_\_  
Birth in the U.S. (City, State, Country)      Birth Abroad (City/Parish, Country)

**Evidence of U.S. citizenship:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address in U.S.A.** \_\_\_\_\_

**Local Address** (Temp /Perm) \_\_\_\_\_

**Date & place of death** (location) \_\_\_\_\_

**Cause of death** (if known) \_\_\_\_\_

**Disposition of remains** (cremated, buried, or shipped) \_\_\_\_\_  
If buried locally, please name the cemetery above the line.

**Person in possession of personal effects** (and relationship to deceased) \_\_\_\_\_

**Next-of-kin contact information and/or person residing locally with deceased:**

(NOK's [Spouse / Child / Parent] name, address, email & tel. #)

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**If you are not the next-of-kin, please provide your name, contact # and relationship to the deceased:**

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Signature (person completing worksheet)